

**FAITH FORMATION REGISTRATION
WEDNESDAY NIGHT – 6:30 – 7:30 P.M.
KINDERGARTEN thru GRADE 8
2016 – 2017**

REGISTRATIONS ARE DUE BY AUGUST 15, 2016 OR SOONER IF POSSIBLE

MOTHER'S NAME _____

RELIGION _____ HOME CHURCH _____

ADDRESS _____

_____ CITY/ZIP _____ CELL

PHONE _____ IS IT OK TO TEXT YOU? ___ YES or ___ NO

WORK PHONE _____

FATHER'S NAME _____

RELIGION _____ HOME CHURCH _____

ADDRESS _____

_____ CITY/ZIP _____ CELL

PHONE _____ IS IT OK TO TEXT YOU? ___ YES or ___ NO

WORK PHONE _____

OR GUARDIAN'S NAME (If needed) _____

RELIGION _____ HOME CHURCH _____

ADDRESS _____ CITY/ZIP _____

CELL PHONE _____ WORK _____

REGISTRATION FEE: (payable to St. Paul Church)
(for Wednesday P.M.) 1 child = \$40.00 2 children - \$40.00 + \$35.00
3 children \$40.00 + \$35.00 + \$30.00
(Your registration fee includes the following: \$20.00 textbook fee. The remaining \$20.00 includes supplies, utilities, teacher appreciation, postage, misc. This equals 66 cents per Wednesday.

	<u>First and Last Name of Child/Children (for K thru Grade 8 only)</u>	<u>Grade</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

CHILD/CHILDREN RESIDE WITH: FATHER MOTHER OTHER

HOUSEHOLD EMAIL ADDRESS _____

CAN YOU HELP?

I would like to substitute for a catechist: Yes ___ No ___ GRADE PREFERENCE ___

I would like to be available during the Wednesday class hour, and also record attendance: Yes ___ No ___

PLEASE CHECK ONE BELOW

My payment is enclosed with registration form.

My payment is not enclosed – please send me a reminder notice to pay.

**MAIL TO: FAITH FORMATION OFFICE
824 JEFFERSON STREET
TELL CITY, IN 47586**

IF YOUR CHILD/CHILDREN ARE NEW TO THE PROGRAM, PLEASE COMPLETE THE BACK SIDE OF THIS FORM. IF YOUR CHILD WAS IN THE PROGRAM LAST YEAR, ONLY COMPLETE THE BACK IF THERE ARE CHANGES SINCE THE LAST PROGRAM YEAR.

CENSUS INFORMATION

DATE: _____

FAMILY LAST NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE NO.** _____

Contribution Envelope Number: _____

INDIVIDUAL INFORMATION

Your Name:		Spouse:
Birthday		Birthday
Baptized Catholic? Yes ___ No ___		Baptized Catholic? Yes ___ No ___
If Married, Anniversary Date		
Optional:		
Email		Email
Occupation		Occupation
Work Phone		Work Phone

CHILDREN IN HOUSEHOLD:

Name of Child	Birthday	Baptism Date and Place	First Communion Date and Place	Confirmation Date and Place

